

**Case Management Services and/or
Property Related Tenant Services Programs
RFQ 2023-001
Frequently Asked Questions (FAQ)**

Questions as of 3/7/22

Q: What is a reference?

A: References are a list of individuals or agencies that can provide a character reference for your organization and can support the experience you have that is required per this RFQ. Please refer to pages 21 and 22 of the RFQ for specific requirements.

Questions as of 2/8/22

Q: My organization is considering filing a proposal, and I would appreciate receiving access to watching a replay of the proposers' conference.

A: The recording of the mandatory Proposers' Conference is posted on our website at ha.saccounty.net under the Community Engagement section. Attendance to the conference on January 26, 2022 was mandatory to submit a proposal for the February 10, 2022 deadline, please refer to the RFQ for subsequent quarterly deadlines.

Questions as of 2/3/22

Q: Does the RFQ require all pages to be numbered including exhibits? Does the page numbers go on the bottom of the page? If not in what corner top or bottom of the page? Do we add RFQ NO. DHA 2023-001 to each page? Where on the page do we add that?

A: All pages in the proposal must be clearly and consecutively numbered. There are no requirements on the location of the page numbers or the addition of the RFQ number.

Questions as of 2/1/22

Q: If we were to hire a new [program] manager does DHA have to approve the hire?

A: Per our RFQ there are minimum education requirements and work experience for each position. Program Managers should be qualified individuals with experience working with the target population or similar and have a bachelor level degree in a behavioral science or social work. They should also have access to a licensed clinician if they are not a Licensed Clinical Social Worker (LCSW). If a provider changes program managers or any other position identified in the RFQ, they will need to inform DHA of any and all staffing changes or new hires. It is the provider's responsibility to ensure they adhere to the RFQ minimum qualifications for education, experience, and staffing minimums.

Q: If an agency missed the January 26, 2022 Proposers' Conference can they view the recording of the conference and still apply for the first deadline on February 10, 2022?

A: Attendance to the Proposers' Conference on January 26, 2022 was mandatory to be eligible to submit a proposal for the February 10, 2022 cutoff. However, an agency may watch the conference recording and submit a proposal to be considered at one of the following quarterly cutoffs.

Questions as of 1/29/22

Q: Can a for-profit agency submit a proposal?

A: A for-profit agency can submit a proposal to be included in the candidate pool, however, please note that most of the funding sources utilized in this RFQ's funding pool do not allow us to contract with for-profit agencies.

Questions as of 1/27/22

Q: We are no longer using the term ICMS, is there a reason?

A: ICMS or Intensive Case Management Services will now be referred to as Case Management Service or CMS, to be more in line with the services identified in this RFQ. With the rapid rehousing model and short time frames given, focusing more on housing location, housing retention, and independency will be the primary goal for CMS services.

Q: PRK is not included in this RFQ, correct?

A: This RFQ is intended to create a pool of Successful Proposers that could now or in the future provide CMS and/or PRTS services. This RFQ can encompass different programs with different funding sources, so PRK would be included.

Q: If an agency bids on both, is the agency able to serve the same clients for both services - CMS and PRTS?

A: Yes, providers will have the opportunity to propose working as the CMS and PRTS provider, which may be for the same clients and others as well.

Q: Are we required to provide master leases or can individuals have their own lease?

A: Currently we are moving away from the master lease model, given the rapid rehousing model and timeframe expectations from Federal and/or State funding (i.e. 12 months to 24 months). Direct leasing with some short term financial assistance from the program is identified as best practice, however we do recognize that in certain instances site based/master lease can be an initial housing placement for stabilization.

Q: Can the term "case consultation" be used instead of supervision?

A: If there are any updates done to the RFQ that is something we can take into consideration. For the purposes of this RFQ, supervision can be defined as an action to establish a process by which a case manager/housing specialist will receive regular, ongoing, and effective support (i.e. supervision) by a program manager in order to provide adequate services and monitoring of progress for the assigned cases.

Q: Can there be an alternative de-escalation training substitute for Pro-ACT?

A: This RFQ uses specific Pro-Act language, however DHA is open to Provider's using other certified de-escalation trainings similar to Pro-Act. Substitute courses will need DHA approval.

Q: The RFQ mentions the prioritization of people with lived experience and a diverse workforce. Is that suggesting that we hire a position like a peer support specialist or for [Proposer] to prioritize the hiring of people with lived experience?

A: Staffing should be reflective of the community, whenever possible, and as long as the minimum specified job description criteria is met. More specifics can be discussed in the contracting phase.

Q: In this RFQ, are we doing PMPM or cost reimbursement?

A: As a DHA team, we have concluded that this RFQ will no longer use the PMPM (pay per assignment) rates and instead move towards a cost reimbursement rate, which more accurately reflects various funding requirements for rapid rehousing funds.

Q: Why are you switching from pay for service?

A: PMPM cost structure is more in line with healthcare services as opposed to social services.

Q: If we are doing a cost reimbursement model, do we know what the administrative or indirect max would be?

A: Response:

- 10% De Minimus Rate (Recommended)
- Indirect Costs can also dependent on grant identified maximum allowable percentages
*(specifics will be provided during the contracting phase)

Q: Are you open to a proposal that sets new PMPM rates that meet the system needs, or do you want [Proposer] to apply specifically/only with cost reimbursement models?

A: Updated response from DHA: Cost Reimbursement models should only be used.

Q: Is there a number of how many households will be served in the program?

A: Not at this time, assignments are determined by available funding.

Q: When we are building the budget, are we putting how many families we would like to have since [Proposers] don't have a number of expected households?

A: Please use 100 households (assignment) as a baseline when submitting a Cost Reimbursement budget.

Q: Is the goal for [Proposer] to have 100 household/assignment?

A: 100 households (assignments) is not a goal. DHA is only able to provide household assignments as funding allows.

Q: In this RFQ, will assignments (households) still be billed as two assignments, if it is a large household, or will it go back to one assignment billing?

A: Under a Cost Reimbursement model, all households will equate to one assignment. Specifics will be determined during contract development and applied consistently across all contracts.

Q: Will the Households assigned also be eligible to receive Enhanced Case Management Services and Community Support Services via CalAIM?

A: No.

Q: Would the activities and services in some of these contracts be eligible for Certified Public Expenditures (CPE) for Medi-Cal Administrative Activities?

A: Providers should have to refer back to their CPE Medi-Cal Administrative Agreements for clarification.

Q: Could DHA provide a bit more clarification on what the process for assignments would look like? Will it be based on households or individuals? Is there an expectation on the duration of the caseload (i.e. 3 months, 1 year, etc.) or will it be on a case by case basis, based on the individual's need?

A: RFQ length of services will be offered on a case by case basis, contingent upon funding requirements.

Q: Will a cost report be due at the end of the contract?

A: Cost report is something that can be built into the scope of the contract itself during contract discussions.

Q: Is there an expectation to build flex funds into the budget?

A: Updated response: The availability of Flex Funds will be contingent and vary upon funding allowances.

Q: Is there a Program Manager to Case Manager Ratio? e.g. 1:4 and/or 1:8?

A: For CMS, 100 assignments would be a one (program manager) to five (case manager) ratio. For PRTS, it would be a one to four ratio. Assignments exceeding 100, would be evaluated during the contracting phase.

Q: Are you asking for a [Proposer's] agency-wide budget?

A: DHA is not asking for an agency wide budget, just the program budget.

Follow up question - On Page 21, the RFQ states

- *Proposers must also share their most current operating budget including funding sources and a recent audit report.*

However, during the presentation today, it appeared that there was a suggestion that we would not need to include a current operating budget. Could you clarify so we can ensure submit a complete proposal?

DHA Response-

Proposers currently providing PRTS/CMS or a similar service, need to provide their most current program budget.

Q: If [Proposer] only has 50 assigned households, [Proposer] would only do a half time data specialist and a half time manager?

A: There would not be a requirement to have an FTE program manager and data specialist at that time. When an agency has over 100 assignments, DHA expects agencies to have a FTE program manager and data specialist to support the contracted program.

Q: Is DHA providing the survey to be used or does the [Proposer] come up with it?

A: Survey can be initiated by either DHA or the proposer.

Q: [Proposers] are asked to list current or completed contracts in the last five years, is that our agency as a whole, or just program? Why are we asked for this?

A: Current or completed contracts in the last five years would be for the program only, not the whole agency. DHA asks for the contract history in order to establish that all Proposers have the means to enter into contracts with the County as needed.

Q: Do we have to provide services for everyone in the household?

A: DHA Updated Response: The RFQ has specific examples of the services to focus on in the timeframes available under rapid rehousing.

This service provision is intended to support the primary in the household as an extension of the family unit. Extensive supportive services are not expected to be provided to each household member.

Q: The segment below is from the RFQ, can DHA please clarify what is listed red?

My agency has capacity to locate and manage multiple permanent housing options for households that would offer leases in low-income, community housing, project based housing, and/or affordable living programs. Serve as a Capital Improvements Intermediary (CII) in order to fund a **rand** of activities to complete capital projects, such as: hiring and/or funding consultants to perform feasibility analyses, architectural services, funding on construction, renovation, construction, one-time start up goods, furnishings, and other professional services.

A: Typo: The sentence intended to say "...an array of activities....," as oppose to a "rand."

Q: If there are 100 households assigned and each household has multiple members, is each member of the household required to be entered into HMIS, and do we have to document and do assessments on each one of those member?

A: The expectation is that all members of a household are inputted by providers into HMIS, and status updates are completed for each member in the household per funding requirements.

Q: Explain the supervisions documented in HMIS? Would that just be a service click that would be done and no other information is needed? Correct?

A: Supervision would be clicked as a service in HMIS. This service will have a note section to allow providers to enter highlighted information that they deem necessary to document on participant only progress.

Q: Would this [Supervision] be more like an MDT with a participant and a case manager, not supervision of a staff member in regards to their own growth?

A: No, weekly Supervision should be completed by program manager with a case manager with the intention of reviewing assigned cases and monitoring progress. The specific focus of this activity is on case supervision and not staff supervision.

Q: Will templates for documentation be created inside of HMIS or will we need to create that on our own and load into HMIS?

A: The goal is to have the Housing Assessment and Individualized Support Plans incorporated into HMIS. Other DHA approved forms will either be built into or uploaded in HMIS for uniformity and consistency among all providers.

Q: What will be requirement of SHINE if everything is moving over to HMIS?

A: DHA is moving towards the full integration of HMIS, but SHINE will be used as needed, depending on the contract and services.

Q: Is the double spacing requirement only for the Proposal Narrative, or does this also apply to the Exhibits such as Exhibit E for our description of agency experience in the boxes?

A: The double spacing and other page requirements apply to all areas where the proposer is entering information. This includes comment sections of the exhibits.

Q: Is there a length requirement for the narrative?

A: There is not a length requirement for the proposal narrative.

Q: Which document did you mention the DUNS # should be on?

A: Please include your agency's DUNS number on the RFQ Check List (Exhibit A).

Q: Does the current agency operating budget go with the audited financial statement?

A: The RFQ and Technical Review Check List show the order of which the documents should be submitted.

Q: Will the recording link be sent?

A: A copy of the recording, fillable exhibits, and FAQ document will be posted on the website.